



**Total Ankle Replacement  
Postoperative Recovery Protocol  
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Type of Procedure: overnight hospital stay or possible outpatient  
Length of Procedure: 2 hours  
Anesthesia: general w/ nerve block

**Total ankle replacement: what is it?**

Replacement of the ankle joint is a relatively modern approach to treatment of arthritis in the ankle joint. Instead of fusing or gluing the ankle bones together, a jig is used to cut the bones and secure metal and plastic components that move together like the native ankle joint. This surgery is intended to provide pain relief, restore some motion in the ankle, and allow patients to return to *some* of their normal activities. The principle benefit of ankle replacement over ankle fusion is keeping some motion in the ankle joint, which may help preserve the other joints in the foot and prevent the development of or worsening arthritis. That said, patients who do not have any motion in their ankle due to arthritis are unlikely to gain motion back after a total ankle replacement.

As the technology in total ankle designs has progressed over the past few decades, the length of time a total ankle replacement survives has improved as well. Most studies suggest that 15% of patients will require an additional surgery on their ankle within 10 years of their replacement. That includes anything from replacement of the plastic component, bone grafting cysts that can form around the metal components, completely revising the prosthetic ankle or converting to an ankle fusion, or even amputation. For this reason, I am very careful to offer a total ankle replacement, since the risks of complications or need for a second surgery can be unacceptably high for certain patients, including patients under 50 years of age, patients with diabetes, patients with a heavy labor job or high activity demands for their ankle, patients with previous infections around the ankle, or patients with a lot of deformity around the ankle. Even in the ideal setting, every patient has to be prepared for the possibility of a second surgery after a total ankle replacement.

For many individuals, a return to an active lifestyle is my goal following this surgery. For some, this may mean the ability to walk without pain, and for others, a more regular exercise routine may be more important. Regular exercise in a gym is always to be encouraged, and the use of all machines including bicycle, stair climber, and elliptical machines are excellent to regain strength and movement of the ankle. It is *never* recommended that you run after ankle replacement surgery. You may however engage in golf, prolonged hiking or walking, doubles tennis and bicycling, and under certain circumstances, skiing.

**General recovery factors:**

- You will not be walking on the leg for 6 weeks.

- You will need crutches, a walker, a wheelchair or a scooter device called a roll-about for the first few months after surgery.
- I will usually apply a removable boot for you to wear at two weeks after surgery, but occasionally I use a short leg below the knee cast for a short period of time. If a cast is used, it is to keep the ankle stretched up.
- If the surgery is on your left ankle, you should be able to drive an automatic vehicle at two weeks or whenever off narcotic pain medication. If the surgery is on the right ankle, you may typically start driving around 8-9 weeks.
- Exercises and range of movement of the foot and ankle are very important to begin around 2-3 weeks after surgery.
- If you have access to a swimming pool, I encourage you to use this as soon as the incisions are completely dry and healed, which will be at about 4 weeks. Swimming will significantly improve your recovery and allow you to begin bearing some weight on the leg in the pool. The best way to regain movement is to put fins or flippers on to the foot and move the ankle up and down in the water.
- You should remove the boot for twenty minutes three times a day to exercise.
- Physical therapy is very helpful and begins at 6 weeks.
- You should plan to use a physical therapist for about 1-2 months.
- There will be moderate swelling of the ankle and leg for up to a year, though much of the swelling improves within the first 3-4 months.
- You will continue to improve your strength and movement for about 9 months after the surgery.

**Specific postoperative course (these are general guidelines; your specific individual postoperative treatment may be different):**

Day 1-2

- The foot is wrapped in a bulky bandage and splint.
- Ice, elevate, take pain medication.
- Expect numbness in the foot for 12-24 hours.
- Bloody drainage through the bandage is expected.
- Do not change the bandage.
- Do not get the splint dirty or wet.

2 Weeks

- First follow-up in the office, stitches removed, x-rays taken.
- May shower when the incision remains completely dry.
- Will be placed into a boot, and can start removing the boot 3 times a day for 20 minutes to work on ankle range of motion. You will still sleep in the boot.

4 Weeks

- You may begin to place the foot down on the ground in the boot when washing/bathing (approx. 30 lbs. of body weight).
- If the incision is completely healed and dry, you are encouraged to start using a flipper in a swimming pool to help movement of the ankle. You can bear some weight in the pool if there is no discomfort or pain.

- You may begin use of a stationary bike in your boot, with no pressure on the ankle or resistance on the pedals.

#### 6 weeks

- Second follow-up in the office, x-rays taken.
- Physical therapy will be started at this time.
- Begin full weight bearing in the boot. You may walk as long as there is no pain in the ankle.
- May begin transitioning out of the boot into a supportive brace at 8-9 weeks.
- No impact activity until 3 months after surgery.

#### After 6 weeks

- There will be continued follow-up after the initial post-operative recovery period to continue to monitor the health of the ankle and prosthesis. These visits typically occur on an annual basis and include XR to watch for signs of component loosening or failure.

You can often find additional information about your procedure or condition on the TCO website at <https://www.tcomn.com/physicians/jeffrey-seybold> or <https://www.tcomn.com/specialties/ankle-care>.

Additional information from reputable orthopaedic foot and ankle surgeons affiliated with the American Orthopaedic Foot and Ankle Society can be found at <http://www.footcaremd.com>.

#### **Example of a total ankle replacement.**

